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ADU

Newsletter

Montana Addictive Diseases Unit

STATE DOCUMENTS COLLECTION



JUN 03 1992

VOLUME I, NUMBER 1

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JANUARY - FEBRUARY 1975

INPUT NEEDED

The Addictive Diseases Unit's Newsletter will be a bi-monthly publication, and will contain pertinent drug abuse information. The Newsletter has been created to help keep those people working in the drug abuse field informed on important and interesting news concerning drug abuse.

Initially, circulation will be limited to drug abuse programs within the State. Eventually we hope to expand and include some of the public and other state drug programs. Rate of this expansion will be determined on initial reaction to the Newsletter, and the amount of input we receive from drug programs.

This Newsletter will be published and funded by the Addictive Diseases Unit, but its contents belong to all the people dealing with drug abuse in the State of Montana. The Addictive Diseases Unit will need input from all of these people to make this a successful and beneficial communicative device. Any pertinent information, articles, events or news that you would like printed in the Newsletter should be forwarded to the Addictive Diseases Unit, Capitol Station, Helena, Montana 59601; telephone: 406-449-2827.

INCIDENCE & PREVALENCE STUDY

The Addictive Diseases Unit is in the final stages of conducting a state-wide epidemiological study on incidence and prevalence of drug and alcohol use in Montana.

This is a general population, public opinion survey that included interviewing five hundred Montana residents on a door-to-door random sample basis.

As this is the first such information ever collected on a state-wide scale, it will offer a source of much needed base-line data. When compiled and analyzed this data should prove an invaluable tool in areas such as research, planning and needs assessment. All agencies and drug programs in the state will have access to this information for use in conjunction with their individual projects.

We feel this project to be worthwhile and that the data will be beneficial to all who use it.

DRUG ANALYSIS

The Addictive Diseases Office has made arrangements to have drugs from anonymous sources analyzed through the Dept. Of Health. This office will provide this service free of charge. For further information contact: George L. Swartz, Director, Addictive Diseases Unit, Capitol Station, Helena, Montana. Telephone: 406-449-2827

The ADU Newsletter is published bi-monthly by the Addictive Diseases Unit, 1716 9th Avenue, Capitol Sta., Helena, Montana; Ph: (406)-449-2827. The Addictive Diseases Unit is the Special Action Office for Drug Abuse Prevention, under the Office of the Governor.

George Swartz
-Director-

Robert Anderson
Rod Gwaltney
-co editors-

Bobby Gruel
Dolores O'Dell
-Clerical Staff-

Deadline:

Deadline for information included in the March issue of the ADU Newsletter is Friday, February 21, 1975.

WHAT IS IDARP?

IDARP (Integrated Drug Abuse Reporting Process) is a contractual agreement between the National Institute of Drug Abuse (NIDA) and the Single State Agencies (SSA) for the purpose of establishing a drug abuse information system in all states. IDARP is part of a total management system called IDAMIS (Integrated Drug Abuse Management Information System) which is designed to provide Federal and State Government with timely and useful data on drug abuse phenomena, drug abuse prevention units, and related financial information.

IDARP consists of three separate sub-systems designed to provide the information required for intelligent and effective management decision making. The three

systems are: 1) Client Oriented Data Acquisition Process (CODAP); 2) Drug Abuse Prevention Resource Units (DAPRU); and 3) Financial Management Information Systems (FMIS).

CODAP is concerned with data on drug abuse phenomena. It is the reporting system required by participating Federal agencies to acquire uniform, client-related data on a recurring basis. This data is used to support the decision making needs with respect to performance and follow-up in the area of treatment and rehabilitation.

DAPRU is the drug abuse inventory system. It is the information system by which an inventory is constructed and maintained containing administrative and programmatic information on every drug abuse prevention unit in the United States. It is designed to provide accurate and current information on all types of drug abuse programs, regardless of funding source, in an effort to support the management planning decisions of Federal, State local and private drug abuse efforts. It will also provide information for the needs of the general public.

FMIS is the financial management information system. Its objective is to provide NIDA and SSA with the capability to manage the grant and contract funds used in support of drug abuse programs. FMIS provides the financial data to support the planning and programming function, the budgeting and cost funding function, and the grants and contract control function of the various levels of drug abuse management.

Any questions regarding IDARP or any of its systems (CODAP, DAPRU, FMIS) should be addressed to:

Robert W. Anderson
IDARP Project Manager
Addictive Diseases Unit
Capitol Station
Helena, Montana 59601
(406)449-2827



CALENDAR

The following is a list of up-coming training events for the month of January and February 1975.

NIDA WESTERN REGIONAL TRAINING CENTER

January	6-08	1975	Short Term Client Systems
February	10-12	1975	State Planning Workshop
February	18-20	1975	Methadone Treatment Managers Course
February	24-28	1975	Fundamental Facts and Insights

CHICAGO DRUG ABUSE TRAINING CENTER

January	6-10	1975	Fundamental Facts and Insights
February	3-07	1975	Fundamental Facts and Insights
February	25-March 7,	1975	Making a Difference With Youth

More information may be obtained by contacting the Addictive Diseases Unit.

TRAINING

Training for the coming year will take on an ever-expanding role. We will have a combined effort between the drug programs in Montana and the ADU (Addictive Diseases Unit) to offer better services to people working in the field of drug abuse and those connected with the field.

It should be noted that if the readers of this publication have any questions regarding training or planned training, please write to Terry Stanclift, Training Consultant, Addictive Diseases Unit, Capitol Station, Helena, Montana, 59601.

For the most part, training in the 75 grant year will speak to the needs of people who are either already in the drug abuse field or are just coming into the field. We will be trying to expand the working knowledge of the counseling

staff, and facilitate entrance into this work via a credentialing process which is in the planning stage.

SOCIAL SEMINAR IN BOZEMAN

A Social Seminar on Drugs & Society will be conducted in Bozeman February 6, 7 and 8, by the Drug Education Unit of the Superintendent of Public Instruction in cooperation with the Addictive Diseases Unit.

The Social Seminar on Drugs & Society is designed around a media package developed by the National Institute of Mental Health. Its emphasis is to shift from drug information to that of exploring reasons why people use drugs, improving communication between youths and adults, and helping teachers and other community members gain a better prospective of what role they are playing in either alleviating or aggravating the drug problem.

The media package consists of films taken of real-life situations (no actors), a program text covering basic drug information and a simulation exercise utilizing role playing. Group discussion is an indispensable part of the Social Seminar. Activities that develop communication and value clarification skills are utilized throughout the seminar.

To apply for the seminar, write Bill Elliott, Drug Education Supervisor, Office of the Superintendent of Public Instruction, Helena, Montana, or phone 406-449-3651.

MORNING STAR

by wes huffman

Morning Star is an experiential learning community focusing on human growth and development. The project is funded by the National Institute of Drug Abuse to do training and research in the area of Indian chemical substance abuse. Morning Star officially began operation on September 1, 1974. While in training, participants live in the Morning Star Center which can accommodate up to 30 people. The training center is a converted dormitory, Alden Hall, on the campus of Rocky Mountain College in Billings. The learning environment at Morning Star is created from six basic concepts: 1) Growth of the individual; 2) Identification with American Indian culture; 3) The process of experiential education; 4) The process of team building; 5) The concept of working with communities; and 6) The concept of sharing skills.

Morning Star does not "treat" people. It is not based on the clinical or medical model used so often in non-Indian rehabilitation programs. Through an experiential training process, participants develop their own learning skills, living skills and problem solving skills. Morning Star provides the

environment and the basis for participants to develop a strong, personal, cultural and spiritual frame of reference.

Each participant is responsible for creating an individual development plan which includes a series of goals the person would like to attain. The problem solving and learning skills, which are acquired during training, provide the process needed to reach these goals. Staff trainers provide assistance in this development.

During a participant's stay at Morning Star he or she will have an opportunity to learn and share with a wide assortment of resource people. Experts in the field of Indian alcoholism, education, culture and counseling, to name a few, pass through Morning Star and leave with the participants and staff information, skills, and techniques which can enhance the individual growth process.

Persons who have a sincere interest in growing and developing as an individual and feel Morning Star can allow them this freedom, should contact the local Alcoholism Project or call Morning Star directly at 406-248-1635. Arrangements will be worked out on an individual basis as space permits.

LEGAL POT OPPOSED BY MOST ADULTS

Results of a recent Harris poll indicate that most Americans are opposed to legalization of the use and sale of marihuana. Approximately 70 per cent of adults questioned through household surveying take this attitude, although more than half say they believe the time will come when marihuana will be used as much as alcohol in the United States.

Thirty-one per cent of those interviewed believe alcohol is the more dangerous of the two drugs, 29 per cent think marihuana is the more harmful, and 30 per cent see marihuana and alcohol as equally dangerous.

CONGRESSIONAL REPORT ON MARIHUANA

A recent report published in the Congressional Record has created renewed concern and awareness in the nation about the possible dangers of marihuana.

Collectively the testimony presented to the Senate Subcommittee on Internal Security resulted in the following findings as stated in their report:

- That marihuana reduces DNA synthesis thus impeding the process of cellular reproduction.
- That smoked even in small amounts, it results in broken and malformed chromosomes, thus opening up the possibility of abnormal births or genetic mutations.
- That chronic marihuana smoking results in a severe reduction in male hormone levels and sperm count.
- That marihuana alone, or combined with cigarette smoke, damages lung tissues far more rapidly than cigarette smoke alone.
- That there is evidence of irreversible brain damage after several years of chronic exposure.
- That even single exposures to large dosages can lead to psychotic episodes, while chronic use leads to paranoid symptoms and serious and persistent deterioration in mental functioning.

There have been various reactions in Washington to the findings of the subcommittee and certain related developments.

HEW has stated that its new studies on marihuana show possible "adverse immunologic and genetic implications" as well as possible "therapeutic application". A draft report prepared for Congress cited studies showing effects of marihuana components THC and Delta-9 on cellular mechanisms and interference with basic biological processes. The report, however, further stressed that there was "no direct clinical evidence confirming harmful or beneficial results from marihuana use. It also said that evidence on genetic damage is so far "contradictory".

Dr. Robert DuPont, Director of NIDA and SAODAP, testified before a House Health subcommittee, "By our estimates, one in seven Americans have used marihuana. Clearly not all of them encounter problems with marihuana use. But a surprisingly large number of clients in Federally-funded treatment programs -- 13.5 per cent -- report a primary problem with marihuana or hashish. Within the last two years, continuing research indicates that there may be adverse immunologic and genetic implications for long-term or heavy marihuana use. In addition, marihuana has been found to have adverse effects on reaction time and on mechanical performance, consequences of particular concern in connection with marihuana use and driving."

It is anticipated that before the findings of the Senate Subcommittee are accepted as fact, the research and scientific evidence presented to the Subcommittee will be subject to further confirmation.

WASHINGTON, D.C.

PROPOSED LEGISLATION ON FUNDING CRITERIA

The Special Action Office for Drug Abuse Prevention in Washington, D.C., has proposed new legislation concerning regulations on Federal Funding Criteria. The regulations deal with drug treatment service and central intake units which operate under contracts or grants of the Federal Government.

The major objectives of the proposed guidelines are: 1) to up-grade the quality of service at Federally funded drug treatment centers and central intake units; 2) to establish levels of program performance with minimal assistance from the Federal Government.

Copies of these proposals can be obtained from the Addictive Diseases Unit. All interested persons or organizations are invited to submit written comments (to be submitted in triplicate) on or before January 22, 1975. Written comments should be sent to the office of the General Counsel, SAODAP, 726 Jackson Place N.W., Washington, D.C., 20506.

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Newsletter

Montana Addictive Diseases Unit



STATE DOCUMENTS COLLECTION

JUN 03 1992

VOLUME I, NUMBER 2

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MARCH - APRIL 1975

NIDA OFFERS TECHNICAL ASSISTANCE

The National Institute on Drug Abuse (NIDA) has entered into a contract with a private consultant firm to provide free technical assistance to drug abuse treatment programs throughout the nation. The goal of this technical assistance is to help community-based drug abuse treatment programs provide more effective treatment and rehabilitation services.

The Special Action Office for Drug Abuse Prevention has published a series of treatment manuals which offer guidelines and suggestions covering all aspects of administrative, medical and counseling management for the various treatment modalities. These manuals (1. Central Intake Unit; 2. Outpatient Methadone; 3. Residential Methadone; 4. Outpatient Drug-Free; and 5. Residential Drug-Free) are available from the Director, Division of Community Assistance, National Institute on Drug Abuse, 11400 Rockville Pike, Rockville, Maryland 20852; telephone: 301-443-6780.

The availability of technical assistance is another step in this continuing effort to help programs provide quality care. Experience has shown that many difficulties can arise in running a program, particularly in the areas of administrative management, staffing patterns and training, medical management, counseling management, and record-keeping.

To solve these and other problems, technical assistance is now available at no cost to both federally and non-federally-supported drug treatment and rehabilitation programs. NIDA has identified the following program needs as technical assistance priorities:

- * To improve basic program management structures and processes and optimize effective and efficient delivery of services.
- * To improve project organization and staffing patterns so the personnel resources fit actual project needs.
- * To assure that medical management procedures meet all federal and state regulations and contribute to the orderly provision of all required medical-related services to clients.
- * To assure that counseling and rehabilitation services are organized in a manner which provides for coordinated, individualized services to all clients and meets all federal and state regulations.

Agencies desiring technical assistance should outline their specific problems and needs and then contact NIDA's Program Development Specialist for their state or Ms. Karen Sikkema, Special Assistant to the Director, Division of Community Assistance, National Institute on Drug Abuse, 11400 Rockville Pike, Rockville, Maryland 20852; telephone: 301-443-6780.

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Dolores O'Dell
-Clerical Staff-

Deadline:

Deadline for information included in the May-June issue of the ADU Newsletter is Friday, April 25, 1975.

SOCIAL COST OF DRUG ABUSE COMPILED

Dr. Robert DuPont, Director of the White House Special Action Office for Drug Abuse Prevention, spoke at the North American Congress on Alcohol and Drug Abuse revealing details of a government report concerning the social cost of drug abuse and heroin addiction. This is the first time the social cost of drug abuse has been compiled.

DuPont stated that the cost of drug abuse and heroin addiction exceeded \$10 billion to the American taxpayer in 1974. A similar estimate for alcohol abuse has been set at \$25 billion.

The largest cost item in drug abuse was \$6.9 billion in property loss from crime committed to support heroin habits. \$1.5 billion was lost in production and earnings through absenteeism and unemployment related to drug abuse. Federal, state and local government and private programs take another \$1.1 billion a year. Other items include \$620 million for cri-

minal justice system costs and \$200 million for drug-related health costs.

DuPont said the \$10 billion figure is only a conservative estimate of the real social costs of drug abuse in the United States and does not include indirect costs of individual family and community impairment, nor does it include welfare, insurance, and other public health costs.

It was also stated that analysis of federal treatment data on heroin addiction in 32 metropolitan areas shows "significant increases in the number of new heroin addicts...and that drug overdoses have increased dramatically in both small and large cities, with hospital emergency cases jumping 66 per cent from June to September of 1974 as compared with 1973 figures."

(Narcotics Control Digest, Vol.4, No. 51 and 52, December 18, 1974, p.2).

TRAINING... SMDP SPONSERS INDIVIDUAL COUNSELING WORKSHOP

Training this month was highlighted by a workshop in Helena. The Southwestern Montana Drug Program sponsored a session on "Individual Counseling Modalities" on February 19, 20 and 21st.

The Sessions consisted of a module on Rogerian Counseling--Gestalt Therapy Communication Skills and Psychosynthesis. All training was done by Mr. Ed Hahn & Ms. Margaret Conway of a Helena firm "Montana Learning Unlimited".

Participants were there from the Southwestern Montana Drug Program, the Alcoholism Rehabilitation Association, and other interested community members. It was felt by those in attendance that the sessions were valuable personally, and would greatly benefit them in their work.

Should you have questions surrounding training, past or future, please contact Terry Stanclift or Rod Gwaltney in the ADU office in Helena, Montana. Tele: 449-2827.

CALENDAR

The following is a list of upcoming training events for the months of March and April 1975.

FUNDAMENTAL FACTS AND INSIGHTS

March 10-14 WRTC Calif.
March 8-14 Oklahoma
April 12-18 Oklahoma
April 14-18 Chicago, Ill.
April 18-25 Florida

WESTERN REGIONAL TRAINING CENTER IN CALIFORNIA

Making a Difference With Youth
March 10-14
April 21-25

State Planning
March 24-28

Methadone Treatment Manager's
Course
April 7-11

Short Term Client Systems
March 10-14
March 24-28
April 7-11

More information may be obtained by contacting the Addictive Diseases Unit.

ADU DEVELOPS CERTIFICATION STANDARDS

The Montana Addictive Diseases Unit and an outside consulting firm have developed a proposed plan outlining certification standards for personnel working in or associating with drug abuse in the State of Montana.

The development of certification standards for drug abuse personnel not only is a very important factor in developing a training management system, but also provides drug programs with a major requirement needed to receive third party payments for drug treatment, and

insures that clients are provided with quality service through the development of qualified service delivery personnel.

Developing certification standards is a very complex and detailed effort, requiring research and input from all concerned. The ADU proposed outline of these standards will be presented to all drug abuse personnel for comments, recommendations and/or changes prior to any further development of the plan.

Copies of the certification plan may be obtained, upon request, from the Addictive Diseases Unit, Capitol Station, Helena, Montana 59601 or by telephoning 449-2827.

D.E.A. SEMINAR.

The Addictive Diseases Unit is hosting a seminar on Criminal Justice Diversion in Drug Abuse Prevention April 21 to 24. The concept was developed by the Drug Enforcement Administration, and a contract was given to the National Association of State Drug Abuse Program Coordinators to present this program in each of the fifty states.

The program is centered around a team approach to the assessment of community needs related to drug abuse control. The two main areas of concentration will be the development of plans to provide treatment for drug abusers instead of incarceration (where applicable) and to provide treatment and rehabilitation alternatives to those who are already incarcerated.

Participants have been invited from Montana's 12 multi-county planning districts, and each will include 5 or 6 community leaders. Judges, Police Officers, Doctors, County Attorneys & Educators will be some of the community leaders represented. By involving these people in the planning process, the actual needs of these areas are sure to be realized and met.

LIGHTHOUSE

Lighthouse Drug Abuse Treatment Project is alive and well in Galen, Montana! They are up to fourteen residents now with a full house soon to be achieved for the first time since last summer. Although Lighthouse is physically located at Galen State Hospital, it is administered by Warm Springs State Hospital through a federally-funded Hospital Improvement Grant until August 30, 1975.

Lighthouse, a supportive family-oriented therapeutic community, is now in its third year of existence and preparations are being made for it to join with Southwest Montana Drug Program as of Sept. 1, 1975. We look to this as a major step forward because residents will no longer be required to become patients of Warm Springs State Hospital in order to get long-term intensive drug rehabilitation.

The Lighthouse facility is capable of handling twenty residents, both men and women, and is ideally located to afford us athletic and recreational outlets as a part of our therapy.

For those of you who are not familiar with Lighthouse, our program is designed for the drug abuser who has discovered that drugs are a major problem in his life and who has made the decision to change that situation. We offer an intensive long-term program, usually eight to ten months, which affords the opportunity for the individual to change

his life style and learn how to meet his needs and goals in life without having to resort to drugs. Residents learn to consider each other brothers and sisters and through the support of this new-found family, are able to deal with their problems openly and honestly, usually for the first time in their life.

Entrance to Lighthouse is gained by displaying a sincere desire to change and a willingness to openly discuss problems and help meet the needs of other people within a community living situation. The four-phase program is a long one and a hard one and purposely so. Upon graduation, an ex-resident has the tools necessary to set goals and achieve them in life. Being the only therapeutic community for drug users in the State of Montana, we offer a unique opportunity for those individuals who have decided that they need to take a portion of their life and devote it specifically to handling this singular problem. Lighthouse is open to inquiries as well as any potential for training interactions with other organizations involved in drug rehabilitation. For more information, please feel free to contact:

Mr. John W. Weida, Director
Lighthouse Drug Abuse
Treatment Project
Warm Springs State Hospital
Warm Springs, Montana 59756
Tele: 693-2221 (Ext) 390/396

Addictive Diseases Unit
Capitol Station
Helena, Montana 59601

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May-June

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Montana Addictive Diseases Unit



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VOLUME, 1 NUMBER 3

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MAY - JUNE 1975

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DE A SEMINAR SUCCESSFUL

The opportunity to receive team grants of \$1,000 to plan and initiate community drug abuse prevention projects was a highlight for about eighty participants of a three-day Drug Enforcement Administration Seminar sponsored by ADU late in April. Teams composed of drug abuse workers, including law officers, county attorneys judges, probation officers, teachers ministers, counselors and program staff, representing the Governor's twelve multi-county planning districts and Montana's Indian population, met April 22-24, at Jorgenson's Holiday Inn in Helena.

Participants met as a whole to hear an overview of the Seminar series history and purposes by Seminar facilitator Chris Olson of the National Association of State Drug Abuse Program Coordinators (NASDAPC), and then separated into teams for a "gallery process". The gallery process involved considering the probable fate of an hypothetical "average offender" in the team's home area, as well as considering the possible alternatives. The results of this process were presented to the Seminar as a whole by team spokesmen. The problem of discovering alternatives was discussed before participants separated into teams to consider alternatives appropriate to their specific communities.

Presentations on the criminal justice perspective by Don Crabbe, Chief of Standards Bureau, Board of Crime Control, and on current laws pertaining to drugs, by Karen Townsend, concluded the "team consolidation" phase of the Seminar. An evening session in which Drug Coordinator George Swartz summed up the Single State Agency perspective and informed teams of the availability of thirteen \$1,000 seed money grants to support alternative team projects concluded the first day of Seminar activity.

The second day of general Seminar activity was kicked off by keynote speaker Keith Colbo, Executive Assistant to the Governor, who challenged participants to accomplish four goals: 1) To review critically what efforts have been made to fight drug abuse within your occupation area or community; 2) To identify how these efforts may be further improved; 3) To begin work toward developing new directions, if needed in programs; and 4) Work toward additional improvements in the quality, scope, and impact of drug abuse prevention efforts through greater interprofessional and intercommunity coordination." Colbo also noted particular problems in Montana with polydrug abuse involving alcohol and other drugs, and the need for effective prevention work in primary schools. (Cont. on page 2)

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-Director-

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-Co-editors-

Bobby Gruel
Ellen Peterson
-clerical staff-

Deadline:

Deadline for information included in the July-Aug. issue of the ADU Newsletter is Friday, June 27, 1975

SEMINAR
(Cont. from page 1)

For the remainder of the morning participants heard presentations describing six alternative programs including Wesley Center in Great Falls, Lighthouse Project at Galen, Morningstar project at Billings, Gallatin Council on Health and Drugs in Gallatin County, and Southwest Montana Drug Program for Mental Health Area four.

The afternoon session of the second day of Seminar activity led from a discussion of how to frame goal statements into the "meat" of the Seminar--formulation of action plans for establishing a local prevention project through efforts of the team, using the available seed money grant. The Seminar day was closed with a banquet featuring speaker Mary Beth Collins, Director of Community Organization for Drug Abuse Control (CODAC) in Maricopa County, Arizona.

The third and final day of Seminar activity consisted of team reports on project proposals developed during the Seminar and a de-briefing of team facilitators. A more complete report on the Drug Enforcement Administration Seminar will be prepared when team projects are finalized as grant applications.

**MONTANA DRUG AND ALCOHOL
PROGRAMS COMBINED**

The 1975 Montana Legislature passed House Bill No. 699, which will consolidate all functions of State government dealing with addictive diseases in the Department of Institutions. As of July 1, 1975 the Addictive Disease Unit of the Governor's Office and the Alcohol Services Division of the Department of Health and Environmental Sciences will be administratively united within the Department of Institutions.

**ALCOHOL PUBLIC
INTOXICATION DECRIMINALIZED**

Passage of Senate Bill No. 61, by Montana's 1975 Legislature, decriminalized the offense of public intoxication due to alcohol in Montana. This bill rounds out and completes the Uniform Alcohol and Treatment Act passed by the 1974 Legislature (House Bill No. 909).

Both the Addictive Diseases Unit & the Alcohol Services Division applaud the passage of this bill. This ranks Montana with approximately twenty other states who have also adopted this law.

Any further information concerning the Uniform Alcohol and Treatment Act may be obtained by contacting:

Dept. of Health and Environmental
Sciences
Alcohol Services Division
1424 Ninth Avenue
Helena, Montana 59601
(406) -449-3176

CALENDAR

The following is a list of upcoming training events for the months of May and June.

Methadone Treatment Managers
Course

June 2-6 WRTC Calif.

Making A Difference With Youth

May 12-16 WRTC Calif.

More Information may be obtained by
contacting The Addictive Diseases
Unit.

TRAINING:

PSYCHODRAMA RATIONAL BE- HAVIOR TRAINING SESSION

During the Month of May the Southwestern Montana Drug Program will sponsor a combined, Psychodrama Rational Behavior Training Session. Psychodrama is the use of drama, in a therapeutic milieu, whereby a person is permitted to literally "act out" his or her problem situation. This "acting out" is done under the guidance of a trained therapist, with most of the work being done by the patient (actor) and a therapist simply facilitating the situation (scene). Rational behavior therapy is a process whereby a patient can, in a relatively calm and rational process work their problems through to a practical solution. The heavy emphasis here is on problem solving, and is a behavioral technique.

In both instances the techniques being taught will be at a basic or beginning level only, that is, participants should not expect to come out of the workshop totally trained in Psychodrama or rational behavior therapy. Rather this will be a beginning point and the trainees should be able to use the techniques to supplement their current skills.

The workshop is scheduled for the last week of May '75, and openings will be limited. If you wish to attend please contact Terry Stanclift at - 449-2827- or 449-2825 in Helena, no later than May 23rd. 1975.

ONE RESIDENTS VIEW OF LIGHTHOUSE

I am 31 years of age and have been on and off drugs over the last 10 years. I have also been at Lighthouse for about 2½ months and I feel that, for the first time in my life, I am making some valid changes to become a solid person. Lighthouse is essentially a Behavior Modification program containing a stringent code of rules which are adhered to by all residents. I feel this is very important because, while people may want to change their life, if they are comfortable and secure, they will remain the same.

At Lighthouse the resident must learn to deal with his inadequacies because this is essential in taking steps to gain control of the self and one's life. Addictive people have usually lost most of their social skills which enable a person to relate to others and function normally in society. To fulfill these needs, we have a heavy interaction of feelings and ideas communicated among family members. We have an average of about 26 hours of concentrated Family Group Therapy per week. Here again, we have discussions and many residents, for the first time in their lives, come in touch with their own feelings. This helps people to discover who they really are and thus enables them to gain a self-identity.

Addicts, like all other people, run games and use "con" on other individuals. Many of the addicts' games are not good because they play on hooking an individual's weakness and thus using people. Many of us have incorporated these undesirable types of

behavior so heavily into our life styles that, even though we can spot misuses in others, we are unaware of our own. Under the teaching of John Weida, Director, we have classes in Transactional Analysis where an individual learns how to create an awareness to spot and correct his bad games.

While our Family Unit style of living is often stringently run, we also offer one another love, care, and support in continuing a progressive course of action to become a better person.

THE NEW HORIZONS TREATMENT CENTER

New Horizons Treatment Center is a 21 day facility for the treatment of the recovering alcoholic as he begins a new life without the use of alcohol. It is located in quiet, cheerful and pleasant surroundings in Helena and has a maximum capacity of 15 clients. The facility is part of the comprehensive services offered to the alcohol abuser and his family by the Alcoholism Rehabilitation Association of Southwestern Montana.

The intensive program includes medical assistance (detoxification is done in the local hospital), alcoholism information, an introduction to A.A. with two required meetings a week, and on completion of the 21 days, a followup program is provided. Alcoholism is viewed as a family disease and the family of the alcoholic is encouraged to participate in the rehabilitative process.

Since the center opened in November of 1972, over 500 clients have received treatment. Current information shows that the overall client age is decreasing as well as the years of heavy drinking. This indicates earlier intervention in the progressive disease resulting in better reaction to treatment. The follow up program shows an 84% abstention at 180 days following treatment; increasing their income approx-

imately \$100 a month at 180 days following treatment.

85.7% of the counseling staff at the New Horizons Treatment Center are recovering alcoholics and all have had specific training from various accredited counselor training schools in the United States. The facility has also been used for inservice training for counselor trainees by the Alcoholism and Drug Counselor Training Program at Fort Lyon, Colorado; the University of Utah Counseling Training Program in Salt Lake, Utah; the Carroll College Social Welfare Dept. in Helena, and the University of Montana Social Welfare Dept. in Missoula. A counselor is on duty 24 hours a day to handle emergency calls and an outreach worker is also available to provide emergency outreach services.

Approximately 40% of the funds necessary to run this program come from a NIAAA staffing grant. The remainder come from patient payments, Vocational Rehabilitation, state funds and community support.

For further information about the program, please feel free to contact:

Ms. Cathy Craig, Lead Counselor
New Horizons Treatment Center
1101 Missoula Ave.

Helena, Montana 59601

Telephone: 442-0790

STATE DRUG PLAN COMPLETED

The Addictive Disease Unit has completed the 1976 Montana State Plan for Drug Abuse Prevention. At the present time the plan is being mailed to the State Drug Advisory Council for their review.

The plan will be made available, to those interested, for a thirty day review at any Regional Mental Health Center, Regional Comprehensive Health Office or the Addictive Diseases Unit. Official notification will be published in the States major newspapers within the next few days.

NIDA STUDY

ADOLESCENT DRUG USERS DRINK MORE

Adolescents who use drugs also drink more, use more over-the-counter medications and have more psychosomatic symptoms than their non-drug-using contemporaries.

These apparently related traits emerged from a comparison of the characteristics of drug users and non-drug users in 79 different high schools in 10 cities. The study was conducted by the Institute for Research and Evaluation in Hempstead, NY for the National Institute on Drug Abuse.

J. R. Block, who headed the study reported that drug users tended to be less religious, showed a greater sense of alienation from their parents, and were not doing as well in school as their drug free contemporaries, he said.

More of the drug group was male and white and the median family incomes for the group were approximately \$1-500 higher than in the non-drug group he added. The non-drug users tended to be non-drinkers, he continued.

The survey showed that 47% of the non-drug group had never had a glass of beer compared with only 7% of the drug group.

An analysis of the students in both groups who said they drank, showed the drug users drank more frequently than the non-drug group, regardless of the particular type of alcoholic beverage. Also, 62% of the drug group said they had been "high" on alcohol within the past month in contrast to only 13% of the drinking non-drug users.

Students were asked about their use of 17 common over-the-counter medications, including stimulants, tranquilizers, hypnotics, pain killers, cough syrups, and stomach calmers, in the past year, he said.

When use between the two groups compared, the drug users were found to use the over-the-counter medications more frequently than non-drug groups.

Related to this self-medication was the fact the drug group reported that such symptoms and conditions as headaches, pains, coughs and colds, and upset stomachs, occurred with relative frequency, he continued and the difference between the drug group and the non-drug group was "quite" substantial.

The drug users also reported more frequent use of pills and medicines to combat symptoms than the non-drug group did. This suggests "users of illicit drugs either have more of the symptoms and conditions asked about or are more likely to take medication (or take it more frequently) than students who are not involved in the use of illicit drugs," said Block.

He reported a "striking consistency" in the findings from the different types of schools.

One conclusion that could be drawn is that drug abuse is a "poorly understood behavioral phenomenon" and the differences demonstrated between non-drug users and drug users in personality, attitudes, and life style could play a significant role in treatment education, prevention, and intervention programs, he said.

"It is indeed clear and obvious that the drug group was at one point a non drug group and there may well be a critical point of intervention that could serve to keep the groups drug-free."

Last year's survey also found some interesting facts on the effect of drug education programs.

"Exposure to a drug education program was associated with a slightly higher incidence of drug use and a somewhat poorer knowledge about drugs, the report says.

It was also found that students who felt that their own experience was their best source of information about drugs were proportionally more knowledgeable and more likely to use drugs than students who stated that their best source of information came from the media,

school or their friends' experiences.

"It was also found that the more knowledgeable a student was, the more likely he was to use drugs."

(The Journal, Vol. 4, No. 4, pg. 9,
April 1975, Toronto.)

DRUG ALERT

Numerous psychoactive drugs originally prepared for legitimate therapeutic or research purposes have been recruited as "consciousness - expanding" agents by the drug using community. One such drug being sold on the streets in Montana as Cannabinol, for \$10.00 a hit, is phencyclidine (PCP), an animal tranquilizer.

It is freely used in animal hospitals, and, therefore, easily diverted to "street" use. Because of its markedly different effects at varying dose levels, phencyclidine cannot be accurately placed in the "standard" stimulant, depressant or hallucinogenic categories of psycho-active drugs, although it acts pharmacologically like both an hallucinogen and a central nervous system stimulant. Interest in this drug developed from its unusual range of effects and its intended medical useage as contrasted to its abuse patterns on the street.

For a more detailed description of this drug contact :

Addictive Diseases Unit
1716 Nineth Avenue
Helena, Montana 59601 449-2827

Addictive Diseases Unit
Capitol Station
Helena, Montana 59601

St. Alcohol Diagnostic
& Detox. Program
Galen State Hospital
Deer Lodge, Mt. 59722